Disclosure Re					Yes No
Use this form for ge	eneral report and committee	information, must be	e signed and subm	nitted along with	
	n to update information				3 7788 gain 18 North 1 March 1 March 1
1. Committee Info	rmation				
a. Full Name Francis for Sheriff					c. ID Number
Francis for Sherrin					PJ6D6N
- Annual Control of the Control of t	clude City, State and Zip Code)				d. Date Filed
190 Dark Corner R					
Rutherfordtonm No	C 28139				e. Phone Number
			OCT 9 9 20	110	
	<u> </u>		OCT 2 2 20	110	828-247-0774
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)		5. Treasurer Fu	II Name
				Jason Matthew I	Harrill
6 Type of Commit	ttas (Chaste One)	To Temp of Donous	t Calanda auda		· C
6. Type of Commit Candidate Camp		9. Type of Report	t (check only State/Co		rt from one category) Referendum
PAC	Referendum	Organizationa		ounty Organizational	Organizational
Independent	Joint Fundraiser	Thirty-five da		Quarterly	Pre-referendum
Expenditure Legal Expense F			y ~	uarterry	
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(V TP	Pre-election	15	Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
1.100		Semi-annual		Fourth	Special
		Mid Year		emi-annual	
Other:		Year End	' <u> </u>	Mid Year	10. Special Report Name
Q Number of Fund	Iraisers this Report	Final Special	Fi	Year End inal	
or rumber or ruma	ausers this report			pecial	
11. Account Inforn	nation		11. Account In		
a. Financial Institution			a. Financial Institu		TOTAL TO BE AND A STATE OF THE
BRANCH BANKI	NG AND TRUST				
b. Purpose	c. Account Code		b. Purpose		c. Account Code
	d. Period Begin Balanco	a			d. Period Begin Balance
	S				\$
CERTIFICATION					
I certify that the Cor	nmittee or Fund is in compli	ance with all applica	ble provisions of	f Article 22A, 22B	3, & 22D-22M of Chapter 163 of
	utes and that no funds are co d correct and that I have beer				s. I further certify that this report
Jason M. H		r trained by the sec s	State Board of En	CHOILS.	10 7 10
343011111.11	Printed Name of Signer	-	ignature of Appointed	d Treasurer	10 - 22 - 10 Date
FOR OFFICE USE O	ONLY		~ 1		
Date Received:	10/22/0	Employee:	D		Delivery Method
	1-1	, ,			☐ Normal Mail☐ Registered Mail
Date Postmarke	d:	Employee:	-		Hand Delivered
Date Scanned:		Employee:			Electronically Filed
Bute Seamed.		Employee.			Signer has not received
Date Data Enter	ed:	Employee:			mandatory training
Dlagge Notes Til	· · · · · · · · · · · · · · · · · · ·	1 2 2 6			
Please Note: Thi	is form cannot be used to am	end committee infor un of books informati	mation such as th	ne committee addi	ress, treasurer, assistant treasurer,
	Vou must amond the States				

Amendment

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number		
Francis for Sheiff	3 rd	Q+~	626DPN		
Start of Election Cycle: January 1, 2010	_	Total this Reporting Perio	Total this d Election Cycle		
4) Cash on Hand at Start		\$ 5498.08			
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1330.00	\$ 1845.00		
6) Contributions from Individuals	(CRO-1210)	0.000	\$ 1845.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources			化 数据数据数据数据		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$		
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 14, 408.85	\$ 28,42535		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$12,613.52	\$ 15,700.44		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$		
17) In-Kind Contributions	(CRO-1510)	\$ 1298.82	\$ 6 960.35		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 14,142.37			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 5764.54	\$ \$ 5764.56		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$	\$		
	(CRO-1440)	\$	\$		
	(CRO-2220)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

Aggregated Contributions from Individuals	Page	
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	Amendment	
9	☐ Yes	No

Optional form used to report NC Contributions From Individuals of \$50 or less

1.	1. Committee Full Name (and Fund if applicable) 2. ID Number									
			Sheriff			PJ6D6N				
3.	Contribu	itor Information	1							
a. A	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount				
E	Add Remove	1	cheele		9-28-10	\$ 50.00				
	Add Remove	1	cash		9-28-10	\$ 10.00				
	Add Remove	1	cash		9-2-10	\$ 30.00				
	Add Remove	1	Cash		9-2-10	\$ 10.00				
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			etailed Summary Page Cl	RO-1100)	\$					

Aggregated Contributions from Individuals

Page <u>2</u>

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Amendment

□ No

Optional form used to report NC Contributions From Individuals of \$50 or less

		ort NC Contributi and Fund if applica	ons From Individuals of	And the state of t		i
			DIE)		2. ID Number	
		Sheriff			PJ606N	
3. Contributa. Amend	itor Information	c. Form of Payment	d In Kind Desertation	I- Park (SV	N C	
a. Amend Add	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy		
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CRO-1205	o oj Di	James Jage C	NC State Board of Elections		April 2007	

1. Com	mittee Full Name	(and Fund if applica	able)			2. ID Number		
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	e city, state, & zip)		Ä	RETIRED				
	BROWN							
	SSION DR			c. Employer's Nam	e/Specific Field			
BOSTIC	CNC 28018			RETIRED				
						e. Electio	n Sum to Date	
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FAYE B								
1178 US				c. Employer's Name	Specific Field			
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	NDVIEW DR			c. Employer's Name	10. 1			
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Contributions from Individuals

Amendment

Yes

No

		m Individuals		P	M			ent es 🔲 No
		ividual contributions (and Fund if applica		0 or contributions un	der \$50 if form C			
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	Y WHITE ROAD			c. Employer's Name/S	Specific Field			
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CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

300.00

\$

Use this	form to report ind	lividual contributions of	over \$5	0 or contributions un	der \$50 if form CF	RO 1205 is r	not used	
		(and Fund if applica				2. ID Nu		
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	e city, state, & zip)			APPRAISER				
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						e. Election S	100.00	
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Contributions from Individuals

Amendment

Conti	ibutions fro	m Individuals			Pg 4 o	r 11	Amenan	ent 'es 🗍 No
Use this	form to report ind	lividual contributions	over \$5				not used	
1. Com	nittee Full Name	(and Fund if applica	ıble)			2. ID Nu	ımber	
FRANC	IS FOR SHERIFF						PJ6D6N	1
	ibutor Informati			Add 🗌 I	Remove		4-49	
	me, Mailing Address	& Phone		b. Job Title/Professi	d. Comme	nts		
	city, state, & zip)			RETIRED				
	FRANCIS							
ASSESSMENT OF THE PROPERTY	ND HARBOR			c. Employer's Name	/Specific Field			
NEWLA	ND, NC			RETIRED				
						e. Election	Sum to Date	
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and the second	city, state, & zip)			CAR DEALER	NATE CONTRACTOR OF THE PARTY OF	w comme		
	D FRANCIS							
344 AQU	JA DR			c. Employer's Name	Specific Field	1		
FOREST	CITY NC			CAR DEALER				
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(include	city, state, & zip)							
THAD H				BARBER				
	108 HWY			c. Employer's Name/				
RUTHER	RFORDTON NC			HAIR KUTTERS	S			
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(This line	must be on line 6 of	Detailed Summary Page C	RO-1100)		ф		

Contributions from Individuals

Amendment

		m Individuals	over \$5		g	of	Amendme Ye	_
		(and Fund if applica			ider peo il form c	2. ID N		
	IS FOR SHERIFF					PJ6D6N		
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1	RNBERRY WAY FCITY NC 28043			c. Employer's Name/S	Specific Field	_		
TORES	1 CITT NC 20043			IN/A		e. Election	n Sum to Date	
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(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

300.00

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		(and Fund if applica			VI 900 II	2. ID Nu		
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	me, Mailing Address &	& Phone		b. Job Title/Profession	· · · · · · · · · · · · · · · · · · ·	d. Commen	ıts	
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	RWAY DR			c. Employer's Name/Sp	-			
LAKE LU	URE			JOHN MOORE				
						e. Election	Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	y)	k. Amount
							\$
							\$
П							\$
	ributor Informa			ATTORNAMENTAL STATE OF THE STATE OF	emove		
	ame, Mailing Addre le city, state, & zip)			b. Job Title/Profe	ession	d. Co	omments
V	e crej, o					1	
				c. Employer's Na	ame/Specific Field	1	
					1	e. El	ection Sum to Date
						\$	ection dam to sure
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yyy	1000	k. Amount
	g. Account Con	II. Form of a nymous	h Ill'Isina Descrip	tion	J. Date (minute, 17),	y)	\$
	<u> </u>					\dashv	\$
							\$
							\$
	al only this Pa					\$	100.00
	al of ALL CR	RO-1210 Pages	CDO TION			\$	152885

Amendment

Disbursem			Pg	of	Amendment No
Use this form to	o report expenditures	from the committ	tee for; operating expenses.	, contributions to	o candidate/political
To the art the second and the second and	d coordinated party ex Full Name (and Fun				A TRAIL
FRANCIS FOR		lu ii applicable,			2. ID Number PJ6D6N
3. Type of Disb		ase u <u>se separate (</u>	CRO-1310 forms for each i	tvne of Disburse	
Operating I	Expenses	Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform		- 4	Add	Remove	
	iling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,					
IMAGES SIGN 440 US 74 HW			1 D at town I (Connife)		
440 00 /7 11	Y		c. Level Registered (Specify)		_
			State	County: Municipality:	e. Election Sum to Date
				Municipancy.	
	- waster <u>uses </u>				\$ 1521.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1.	CHECK	В	08/06/2010	\$545.75	t-shirts
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ling Address & Phone	s 25	b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
RS CENTRAL	BOOSTERS	,			
HWY 221	DECK NO 20120	V	c. Level Registered (Specify)		
RUTHERFORE	DTON NC 28139	1	Federal State	County:	
		1	State	Municipality:	e. Election Sum to Date
		/			\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	08/13/2010	\$50.00	1/2 PAGE AD
				\$	
4. Payee Inform	action 140		Add	37	
	ing Address & Phone		b. Coordinated Committee Na	Remove	d. Comments
a. run Name, Mann (include city, state, a		ţ	D. Coordinated Committee	ime	d. Comments
US POST OFFI			ŕ		
FOREST CITY		Ţ	c. Level Registered (Specify)		
		Ţ	Federal	County:	-
		1	State	Municipality:	e. Election Sum to Date
					\$ 92.80 138.80 Just
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	T			STAMPS
1	CHECK	I	08/16/2010	\$92.80	O A E LIVE D
				\$	
5. Total only this				1	\$ 688.55
6. Total of ALL	CRO-1310 Pages			AND MANAGEMENT OF THE PARTY OF	, www.
	line 13a of Detailed Sumi				\$
) if Contrib to Candidates/Politica		2
			if Coordinated Party Expenditur	res)	
7. Purpose Code A* - Media	es (List detailed exp				
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fundr G - Politica		D - To Anoth	her Candidate g Public Office Expenses
- Postage	J - Penalties	K* - Office		O* - Donatic	g Public Office Expenses on to Legal Expense Fund
O* - Other			•	100 1 00 1.78 600 petition	The Begin Expense
" Codes reamire	e detailed explanation	an in required rev	marks field (k)		

No

			Amendment
Pg	2	of S	Yes

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)

	Full Name (and Ful	nd if applicable)			2. ID Number
FRANCIS FO					PJ6D6N
3. Type of Dish		ase use separate	CRO-1310 forms for each	type of Disburse	ement.)
Operating		Contributions to C	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state	, & zip)				
STAPLES					
129 PLAZA D	RIVE		c. Level Registered (Specify)	7
FOREST CITY	7 NC 28043		Federal	County:	
			State	Municipality:	e. Election Sum to Date
				, , , , , , , , , , , , , , , , , , , ,	C. Diccion Sum to Date
					\$ 54.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				j. Amount	FLYERS
1	CHECK	A	08/17/2010	\$54.20	FLIERS
				\$	
4. Payee Inform	nation		Add	Remove	11.1000114970000120000
	ing Address & Phone		b. Coordinated Committee N		1.6
Value of the second second second second			b. Coordinated Committee	vame	d. Comments
(include city, state, WCAB	& Zip)				
191 WHITESII	JEC DIJ		I ID 14 140 140		_
	OTON NC 28139		c. Level Registered (Specify)		_
RUTHERFORI	JION NC 28139		Federal [County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1340.00
		T. n			\$ 1540.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	09/2/2010	\$940	ADS
				\$	
4. Payee Inform	nation		111		
The second secon	V 100 200		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
THE DAILY CO					
FOREST CITY	NC		c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1400.00
					\$ 1400.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	Α	09/03/2010	\$800.00	ADS
			05/05/2010	\$800.00	
				\$	
5. Total only thi		1.50		- pa	\$ 1794.20
	CRO-1310 Pages				
	line 13a of Detailed Sum				\$
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100) if Contrib to Candidates/Politic	al Comm)	Ψ
) if Coordinated Party Expenditu	ires)	
	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund		D - To Anoth	
E - Salaries	F* - Equipment	G - Politic		H* - Holding	g Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	e Expenses	Q* - Donatio	on to Legal Expense Fund
	detailed explanation	on in required we	marks field (l-)		1.1200000000000000000000000000000000000
Coucs require	detaneu expianati	on in required re	marks neid (K)		

Use this form to		from the commit	tee for; operating expenses		S
	Full Name (and Fur				2. ID Number
FRANCIS FOR				2 30 3 2 2 3 1	PJ6D6N
3. Type of Dish	ursement (Plea	ase use separate (CRO-1310 forms for each	type of Disburse	
Operating I		and the second of the second o	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inforr	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,					
MARINE COR	P LEAGUE				
			c. Level Registered (Specify)		
FOREST CITY	' NC 28043		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			7 (Francisco - Consent		GOLF HOLE
1	CHECK	A	09/21/2010	\$100.00	SPONSOR
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
US POST OFF	ICE				
			c. Level Registered (Specify)		
FOREST CITY	NC 28043		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 156.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	I	09/23/2010	\$17.60	STAMPS
				s	
4. Payee Inform	nation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
IMAGES SIGN	SERVICES				
440 US 74 HW	Y		c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1678.13
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	09/23/2010	\$156.24	ADS
				\$	
5. Total only thi	s Page			1	\$ 273.84
	CRO-1310 Pages	in the second			y 273.0T
(This line goes in	line 13a of Detailed Sum		0 if Operating Expenses) 0 if Contrib to Candidates/Politic	cal Comm)	\$

A* - Media

E - Salaries

I - Postage

7. Purpose Codes (List detailed expenditure code in (h.) above)

* Codes require detailed explanation in required remarks field (k)

B* - Printing

J - Penalties

F* - Equipment

C* - Fundraising G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Disbursements		. 1.			Amendmen	
Dispursements	Po	4	of	5		Ves
Use this form to report expanditures from the committee C	٠,	 -	. 01		ш	1 03

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee	Full Name (and Fur	d if applicable)			2. ID Number
FRANCIS FOI		7			PJ6D6N
3. Type of Dish		ase use separate (CRO-1310 forms for each	type of Disbursei	ment.)
Operating		Contributions to Ca	indidates/Political Committees		oordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state					
POST CARD N					
2145 SUNNYI			c. Level Registered (Specify)		
CLEARWATE	ER FL 33765		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 2571.00
West to the source of					\$ 2571.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	09/24/2010	\$2571.00	MAILER
			03/21/2010	Φ2371.00	
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
CREATIVE SI	GN				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 3240.00
					3 3240.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	Α	09/27/2010	\$3240.00	BILLBOARD AD
		7.0	03/12/1/2010		
				\$	
				Φ	
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
POST CARD M					
2145 SUNNYD			c. Level Registered (Specify)		
CLEARWATE	R FL		Federal County:		
			State	Municipality:	e. Election Sum to Date
					\$ 5061.71
f 1	D CD	h. Purpose Code	1.2		
f. Account Code	g. Form of Payment	n. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	10/07/2010	\$2490.71	MAILER
				\$	
E Total amin 41	n Dage			1	
5. Total only thi	CRO-1310 Pages				\$ 8301.71
	line 13a of Detailed Sum):(0		
			(if Operating Expenses) (if Contrib to Candidates/Politice	-1.C	\$
			if Coordinated Party Expenditus		9000
	es (List detailed exp			res)	
A* - Media	B* - Printing	C* - Fund		D T. 1	- C- File
E - Salaries	F* - Equipment	G - Politica		D - To Anothe	Public Office Expenses
I - Postage	J - Penalties		e Expenses	O* - Donatio	n to Legal Expense Fund
O* - Other			20	Comero	Degai Expense Fund
	detailed explanation	on in required re	marks field (k)		
CDO 1210					

No

Disbursem	ants				Amendment
	3.0 a (NN) 2.5 b T (F) b	from the commit	Pg ttee for; operating expense	of	Yes No
committees and	coordinated party e	xpenditures.	uee for, operating expense	s, contributions to	o candidate/political
The state of the s	Full Name (and Fur				2. ID Number
FRANCIS FOI	R SHERIFF				PJ6D6N
3. Type of Dish	oursement (Ple	ase use separate	CRO-1310 forms for each	type of Disburse	ement.)
Operating	Expenses	Contributions to C	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	
The water the attended to the production of the	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state KEITH HUNT			-		000001100000
KEITHIONI	LIC		c. Level Registered (Specify	<u> </u>	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
				within cipality.	C. Election Sum to Date
					\$ 406.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	10/07/2010	\$406.00	YARD SIGNS
-	CILCR	71	10/07/2010	\$400.00	
				\$	
4. Payee Inform	nation	-32	Add	Remove	- 1 % SERVICE TO SELECTE
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,					
IMAGES SIGN					
440 US 74 HW	Y		c. Level Registered (Specify))	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 2827.35
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	10/8/2010	\$1149.22	SHIRTS
				\$	
4. Payee Inform	action				
	ing Address & Phone		Add	Remove	
(include city, state,			b. Coordinated Committee N	vame	d. Comments
(include city, state,	C ZIJI)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only thi	is Dogo] "	
	CRO-1310 Pages				\$ 1555.22
	line 13a of Detailed Sum	mary Page CRO-110	0 if Operating Expenses)		
			f if Contrib to Candidates/Politic	cal Comm)	\$ 12,613,52
(This line goes in I	line 13c of Detailed Sum	mary Page CRO-1100) if Coordinated Party Expenditi		, 0,0,6 0
7. Purpose Code	es (List detailed exp	enditure code in ((h.) above)		

A* - Media

E - Salaries

I - Postage

B* - Printing

J - Penalties

F* - Equipment

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

In-Kind Contributions		Pg / o	. 5	Amendment Yes No
Use this form to report non-monetary contributions, donations, g	oods or serv	ices provided to t		Yes No mittee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded	d within 7 da	ıys.		
1. Committee Full Name (and Fund if applicable)			2. II) Number
FRANCIS FOR SHERIFF				PJ6D6N
3. Contributor Information Add	Remove	7.5		
a. Full Name, Mailing Address & Phone	b. Type of	Contributor	c. Co	mments
(include city, state, & zip)		ividual		
LUCY BRADLEY	Car	ndidate		
264 DARK CORNER ROAD	Par	.5		
RUTHERFORDTON, NC 28139	PAG			
	100	erendum	d. Ele	ection Sum to Date
	Oth	er Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
DESSERTS		09/02/201	0	\$ 30.00
				\$
				\$
3. Contributor Information Add	Remove			- 1100000000000000000000000000000000000
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	e. Cor	nments
(include city, state, & zip)		vidual		
TAMI PESATURO		didate	í	
2004 WHITE BIRCH TRL	Part	у		
WEDDINGTON, NC 28104	PAC			
		rendum	d. Elec	ction Sum to Date
	Othe	er Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
POTATO SALAD		09/02/2010)	\$ 30.00
				\$
				\$
3. Contributor Information Add	Remove		7	
a. Full Name, Mailing Address & Phone	b. Type of C	ontributor	c. Com	iments
(include city, state, & zip)	Indiv	ridual		
DORIS FRANCIS	Cano	lidate		
3299 LAND HARBOR	Party			
LINVILLE, NC	PAC			
		rendum	d. Elec	tion Sum to Date
	Otne	r Receipt Source	\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
BAKED BEANS, DESSERTS, DRINKS		09/02/2010		\$ 125.00
				\$
				\$

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

185.00

\$

\$

Amendment

In-Kind Contributions Pg 2 of 5 Amendment Yes

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) 2. ID Number FRANCIS FOR SHERIFF PJ6D6N 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual PAM MCCRAW Candidate 132 BROOKRIDGE DR Party FOREST CITY NC 28043 PAC Referendum d. Election Sum to Date Other Receipt Source e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount DESSERT, CHIPS 09/02/2010 8 15.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual SARAH BRADLEY Candidate 1184 BIG ISLAND RD Party RUTHERFORDTON NC PAC Referendum d. Election Sum to Date Other Receipt Source e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount DESSERT 09/02/2010 \$ 10.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual COURTNEY HOUSER Candidate 123 BEAR LANE Party BOSTIC NC PAC Referendum d. Election Sum to Date Other Receipt Source \$ e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount DESSERTS, DRINK 09/02/2010 \$ 13.00 \$ \$ 4. Total only this Page 38.00 \$ 5. Total of ALL CRO-1510 Pages \$ (This line must be on line 17 of Detailed Summary Page CRO-1100)

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)				2. II	D Number
FRANCIS FOR SHERIFF					PJ6D6N
3. Contributor Information Add		Remove			
a. Full Name, Mailing Address & Phone			Contributor	c. Co	oniments
(include city, state, & zip)		-	ividual		annenes
RENEE HENSLEY		$\dashv \equiv$	ndidate		
910 DARK CORNER ROAD		Part			
RUTHERFORDTON NC		PAC			
		Ref	erendum	d. Ele	ection Sum to Date
		Oth	er Receipt Source	\$	
e. Description			f. Date (mm/dd/yy	уу)	g. Fair Market Amount
DESSERT			09/02/2010	0	\$ 10.00
					\$
					\$
3. Contributor Information Add		Remove			1 2000000000000000000000000000000000000
a. Full Name, Mailing Address & Phone		b. Type of C	Contributor	c. Cor	mments
(include city, state, & zip)		Indi	vidual		
MARK SWING		Cane	didate		
201 OLD MAIN ST		Party	7.2		
MOORESBORO NC 28114		PAC			
			erendum	d. Ele	ection Sum to Date
		Othe	er Receipt Source	\$	
e. Description			f. Date (mm/dd/yy	уу)	g. Fair Market Amount
BBQ, SLAW, BUNS			09/02/2010)	\$ 200.00
					dh dh
					\$
					\$
3. Contributor Information Add a. Full Name, Mailing Address & Phone	R	Remove			178600 1007-12 1142
(include city, state, & zip)		b. Type of Co		c. Con	nments
RICHARD LOFTUS		1 =	/idual lidate		
140 OBRIEN RD		Party			
LAKE LURE NC		PAC			
			rendum	d Elec	ction Sum to Date
		1 =	r Receipt Source		tion built to Date
e. Description				\$	
RIBS, FRUIT			f. Date (mm/dd/yyy		g. Fair Market Amount
			09/02/2010		\$ 500.00
					\$
					\$
4. Total only this Page				\$	710.00
5. Total of ALL CRO-1510 Pages				o	
(This line must be on line 17 of Detailed Summary Page CRO-11	100)			\$	

TO LO LUI		^			Amen	dment	
n-Kind Contributions	Pg	φ	of	5		Yes	
Igo this form to report non-monetary and illustical	, in the second of the second		20 0000			550	

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)			2. ID	Number
FRANCIS FOR SHERIFF				PJ6D6N
	Remove			
a. Full Name, Mailing Address & Phone		Contributor	c. Com	ments
(include city, state, & zip)	Market Ind	ividual		
JILL FRANCIS	Car	ndidate		
190 DARK CORNER ROAD	Par	ty		
RUTHERFORDTON NC	L PA	C		
	Rei	ferendum	d. Elect	tion Sum to Date
	Otl	ier Receipt Source	\$	
			Φ	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
DESSERT, PLATES, UTENSILS		09/02/2010)	\$ 50.00
				\$
				\$
3. Contributor Information Add	Remove			1 - 1 - 1 - 1 - 1 - 1 - 1
a. Full Name, Mailing Address & Phone		Contributor	c. Com	ments
(include city, state, & zip)		ividual		
LARRY FRANCIS		ndidate		
3299 LAND HARBOR	Par			
NEWLAND NC 28657	PAG	6		
THE WEST TO BOOK		erendum	d Elect	ion Sum to Date
	1 =	er Receipt Source		Sum to Date
		er receipt ixitiee	\$	
e. Description		f. Date (mm/dd/yyy	(y)	g. Fair Market Amount
SIGNS, MATERIAL LABOR		09/02/2010)	\$ 150.00
				200 20000000
				\$
				\$
	Remove			三国政务拟 基
a. Full Name, Mailing Address & Phone	b. Type of C		c. Comr	nents
(include city, state, & zip)	Indi	vidual		
KEITH HUNTER		didate		
192 KINDLEWOOD DR	Part			
RUTHERFORDTON NC	PAC			
		erendum	d. Electi	ion Sum to Date
	Oth	er Receipt Source	\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
STICKERS, ADS, SIGN STANDS		09/23/2010		\$ 295.85
				\$
				\$
4. Total only this Page			\$	495.85
5. Total of ALL CRO-1510 Pages			ď	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	

No

T TZ 1	C
In-Kina	Contributions

		-	_	Amer		
Pg	_5	of	<u> </u>		Yes	No
			200	- 6	3 227	

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	1. Committee Full Name (and Fund if applicable)			2. ID Number	
FRANCIS FOR SHERIFF				PJ6D6N	
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	c. Co	omments	
(include city, state, & zip)		ividual			
WERNER MARINGER	\dashv \equiv	ndidate			
1491 MEMORIAL HWY	Party	ly			
LAKE LURE NC	PAC	Ž.			
	Refe	erendum	d. El	ection Sum to Date	
	Othe	er Receipt Source	\$		
e. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
DESSERT, COFFEE		10/6/2010		\$ 100.00	
				\$	
				\$	
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone	b. Type of Co	Contributor	c. Co	mments	
(include city, state, & zip)		vidual			
	- =	didate			
	Party				
	PAC				
	Refe	erendum	d. Ele	ection Sum to Date	
	1 =	er Receipt Source	\$		
c. Description		f. Date (mm/dd/yyy		g. Fair Market Amount	
				\$	
				\$	
3. Contributor Information Add	Damagua			\$	
a. Full Name, Mailing Address & Phone	b. Type of Co		" Cor		
(include city, state, & zip)	D. Type of Co		C. Con	niments	
(include city, state, & zip,		lidate			
	Party		i		
	PAC		i .		
	1 =	rendum	d. Ele	ection Sum to Date	
		er Receipt Source	\$	No. of the control of	
e. Description		f. Date (mm/dd/yyy		g. Fair Market Amount	
			5,	\$	
				\$	
A Maria Mari			1420	\$	
4. Total only this Page 5. Total of ALL CRO 1510 Pages			\$	1528.85	
5. Total of ALL CRO-1510 Pages			\$	1	
(This line must be on line 17 of Detailed Summary Page CRO-1100)	=======================================		Arc.o	1528.83	